

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:

DFAS Accounts Payable (A/P)
P.O. Box 1643
Jefferson City, MO 65102-1643

DFAS USE ONLY

EFT _____ PAPER _____ VENDOR#:

***THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$179,194.85

CONTRACT, ER, OR PG NUMBER (if applicable)	CS170042001/ [REDACTED]
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CODING INFORMATION:	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
DESCRIPTION OF CODING OR FUNDING SOURCE (Indicate the exact words from coding sheet): ALTERNATIVES TO ABORTION GR 100% 0101 886 3155 2955 1536 Q221	

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE
May 2018 Payment

DFAS USE ONLY--DO NOT WRITE/MARK BELOW

ENCUMBER:	DATE:
PURCHASING:	
PO#	COMM LINE: INIT/DATE:
ACCOUNTS PAYABLE	
DATA ENTRY:	APPROVAL: